



Requested Facility: Chemical Waste Management (Hazardous Waste Facility) ☐ Unsure Profile Number: OR325665
☐ Multiple Generator Locations (Attach Locations) ☐ Request Certificate of Disposal ☐ Renewal? Original Profile Number: _____

A. GENERATOR INFORMATION (MATERIAL ORIGIN)

1. Generator Name: CITY OF BREMERTON
2. Site Address: 1725 PENNSYLVANIA AVE
(City, State, ZIP) BREMERTON, WA
3. County: KITSAP
4. Contact Name: DAVID DINKUHN, PE
5. Email: ddinkuhn@parametrix.com
6. Phone: (360) 850-5319 7. Fax: 855-542-6353
8. Generator EPA ID: _____ ☒ N/A
9. State ID: _____ ☒ N/A

C. MATERIAL INFORMATION

1. Common Name: XF04 - Soil
Describe Process Generating Material: ☐ See Attached
Soil sampling from former manufactured gas plant site.
2. Material Composition and Contaminants: ☒ See Attached

1. Soil	100 %
2. water	1-20 %
3.	
4.	

Total composition must be equal to or greater than 100% ≥100%

3. State Waste Codes: XF04 ☐ N/A
4. Color: Brown
5. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Other: _____
6. Free Liquid Range Percentage: 0 to 20 ☐ N/A
7. pH: 3 to 11 ☐ N/A
8. Strong Odor: ☐ Yes ☒ No Describe: _____
9. Flash Point: ☐ <140°F ☐ 140°-199°F ☒ ≥200° ☐ N/A

E. ANALYTICAL AND OTHER REPRESENTATIVE INFORMATION

1. Analytical attached ☒ Yes
Please identify applicable samples and/or lab reports:
SEE SITE PLANS WITH RESULTS SUMMARY
2. Other information attached (such as MSDS)? ☐ Yes

G. GENERATOR CERTIFICATION (PLEASE READ AND CERTIFY BY SIGNATURE)

By signing this EZ Profile™ form, I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of this material, and that all relevant information necessary for proper material characterization and to identify known and suspected hazards has been provided. Any analytical data attached was derived from a sample that is representative as defined in 40 CFR 261 - Appendix 1 or by using an equivalent method. All changes occurring in the character of the material (i.e., changes in the process or new analytical) will be identified by the Generator and be disclosed to Waste Management prior to providing the material to Waste Management.

If I am an agent signing on behalf of the Generator, I have confirmed with the Generator that information contained in this Profile is accurate and complete.

Name (Print): DAVID DINKUHN, PE Date: _____
Title: SENIOR ENGINEER
Company: PARAMETRIX

B. BILLING INFORMATION

☒ SAME AS GENERATOR
1. Billing Name: TOM KNUCKEY, PE
2. Billing Address: 3027 OLYMPUS AVE
(City, State, ZIP) BREMERTON, WA
3. Contact Name: SAME
4. Email: thomas.knukey@ci.bremerton
5. Phone: (360) 473-2376 6. Fax: 473-5398 www.gov
7. WM Hauled? ☒ Yes ☐ No
8. P.O. Number: _____
9. Payment Method: ☒ Credit Account ☐ Cash ☐ Credit Card

D. REGULATORY INFORMATION

1. EPA Hazardous Waste? ☐ Yes* ☒ No
Code: _____
2. State Hazardous Waste? ☒ Yes ☐ No
Code: XF04
3. Is this material non-hazardous due to Treatment, Delisting, or an Exclusion? ☐ Yes* ☒ No
4. Contains Underlying Hazardous Constituents? ☐ Yes* ☒ No
5. From an industry regulated under Benzene NESHAP? ☐ Yes* ☒ No
6. Facility remediation subject to 40 CFR 63 GGGGG? ☐ Yes* ☒ No
7. CERCLA or State-mandated clean-up? ☐ Yes* ☒ No
8. NRC or State-regulated radioactive or NORM waste? ☐ Yes* ☒ No
***If Yes, see Addendum (page 2) for additional questions and space.**
9. Contains PCBs? → If Yes, answer a, b and c. ☐ Yes ☒ No
a. Regulated by 40 CFR 761? ☐ Yes ☐ No
b. Remediation under 40 CFR 761.61 (a)? ☐ Yes ☐ No
c. Were PCB imported into the US? ☐ Yes ☐ No
10. Regulated and/or Untreated Medical/Infectious Waste? ☐ Yes ☒ No
11. Contains Asbestos? ☐ Yes ☒ No
→ If Yes: ☐ Non-Friable ☐ Non-Friable - Regulated ☐ Friable

F. SHIPPING AND DOT INFORMATION

1. ☐ One-Time Event ☒ Repeat Event/Ongoing Business
2. Estimated Quantity/Unit of Measure: 16
☐ Tons ☐ Yards ☒ Drums ☐ Gallons ☐ Other: _____
3. Container Type and Size: DM55
4. USDOT Proper Shipping Name: ☒ N/A

Certification Signature

THINK GREEN:

QUESTIONS? CALL 800 963 4776 FOR ASSISTANCE

Revised September 12, 2014
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